

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036153

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
1003
9254
FILED OCT 3 1962VS 300
Rev. 4/59

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20397

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Greene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Springfield</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Frisco Employees Hospital</i>		d. STREET ADDRESS <i>1702 N. Hampton</i>	
3. NAME OF DECEASED (Type or print) <i>Numa Clifford Ford</i>		4. DATE OF DEATH <i>Sept. 24, 1962</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 13, 1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Yard Clerk; Barber</i>		11. BIRTHPLACE (City and state or country) <i>Buffalo Mo.</i>	
13a. FATHER'S NAME <i>Roy Lee Ford</i>		14. NAME OF HUSBAND OR WIFE <i>Neva Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>593X</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart failure</i> DUE TO (b) <i>Uremia</i> DUE TO (c) <i>Nephritis and Kidney Stones</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>1-23-62</i> to <i>9-24-62</i> and last saw him alive on <i>9-24-62</i> Death occurred at <i>9:45 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <i>4960 Lakewood</i>	
22a. SIGNATURE (Degree or title) <i>Norman B. Williams, M.D.</i>		22c. DATE SIGNED <i>9-24-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>9/25/1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Macedonia</i>	23d. LOCATION (City, town, or county) (State) <i>Dallas County, Mo.</i>
24. FUNERAL DIRECTOR <i>Ralph Thieme</i>		25. DATE REC'D. BY LOCAL REG. <i>SEP 26 1962</i>	
		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.